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**DATE:** December 17, 2003

**TO:**

**NAME:** Examiner M. Trihn

**LOCATION:** USPTO GAU 3729

**FAX NUMBER:** 703-308-7058

**NUMBER OF PAGES (Including cover):** 65

**FROM:**

**NAME:** Carol L. Druzbeck, Reg. No. 40,287

**RE:**

**Your Reference:** 09/987,379

**Our Reference:** MRE-0040

**For confirmation or assistance call (703) 766-3701 and ask for: Kathy**

**Original will be sent to you:**

**No**

**Yes (via mail/courier)**

**X**

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**Special Instructions:** \_\_\_\_\_

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The Patent Office acknowledges, and has stamped hereon, the date of receipt of the items listed below:

Docket No.: MRE-0040

Title: FEEDER FOR SURFACE MOUNTING DEVICE

Inventor(s): Ji Hyun HWANG et al.

1. Amendment Transmittal
2. Amendment
3. Marked up specification; substitute specification
4. Corrected Formal drawings; Annotated drawing sheets w/mark-ups

Old Due Date: 8/22/03

( ) Charge To Deposit Account 16-0607

New Due Date:

N/A

Date Filed: August 22, 2003

Initials: JCE:CLD/kam

AUG 22 2003

FEE(S)

CHECK NO.

part # 1

Serial No. 09/987,379

Docket No. MRE-0040

Amendments to the Specification:

Part # 7

Please replace the original specification with the substitute specification enclosed

Docket No.: MRE -0040PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Ji Hyun HWANG et al.

Serial No. 09/987,379

Confirm. No.: 6698

Filed: November 14, 2001

For: FEEDER FOR SURFACE MOUNTING DEVICE

Group Art Unit: 3729

Examiner: M. Trinh

Customer No.: 34610

U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, Mail Stop Non-Fee Amendment  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

Dear Sir:

Transmitted herewith is an Amendment and/or Reply in the above identified application.

☒ No additional fee is required.☒ Also attached: Marked-up specification; Substitute specification; corrected formal version of Figs. 1-8; annotated sheets showing drawing changes.

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	20	0	x \$18 =	\$0.00
Independent Claims	1	3	0	x \$84 =	\$0.00
If multiple claims newly presented, add \$280.00					\$0.00
Fee for extension of time					\$0.00
TOTAL FEE DUE					\$0.00

☐ Please charge my Deposit Account No. 16-0607 in the amount of \$. An additional copy of this transmittal sheet is submitted herewith.☐ A check in the amount of \$ \_\_\_\_\_ (Check # \_\_\_\_\_) is attached.☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 16-0607, including any filing fees under 37 C.F.R. 1.16 for presentation of extra claims and any patent application processing fees under 37 C.F.R. 1.17.Respectfully submitted,  
FLESHNER & KIM, LLP

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P.O. Box 221200  
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Date: August 22, 2003

Please direct all correspondence to Customer Number 34610